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Facsimile Transmittal

DATE: September 13, 2005

TO: USPTO

ATTN: AMENDMENT

RE: Serial No. 10/644,490

FAX : 571-273-8300

FROM: George C. Pappas

Number of Pages Sent: 18 (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN AMENDMENT IN 5 PAGES;
TRANSMITTAL FORM (1) PAGE; Replacement Figure 2

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, on:

9/13/05

(Date of Deposit)

Darla D. Kasmedo

(Name of the Person Making the Deposit)

(Signature)

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT**AMENDMENT TRANSMITTAL FORM**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 030284
In Re Application of: Amr Fahim
Serial Number: 10/644,490
Filed: August 19, 2003
Examiner: Don Vo
Group Art Unit: 2631

Dear Sir:

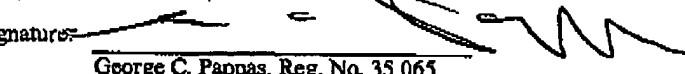
Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	34	44	0	x \$50 =	\$0
Independent**	9	16	0	x \$200 =	\$0
Multiple Dependent Claim(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$360	\$
EXTENSION FEES			<input type="checkbox"/> One Month	\$120	\$
			<input type="checkbox"/> Two Months	\$450	\$
			<input type="checkbox"/> Three Months	\$1020	\$
TERMINAL DISCLAIMER			\$130	\$	
			TOTAL FEE	\$0	

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. Replacement Sheet Figure 2.
5. Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 9/13/05

Signature: George C. Pappas, Reg. No. 35,065
858-651-1306

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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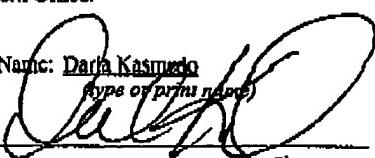
Depositor's Name: _____
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Date: 9/13/05

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Depositor's Name: Darla Kasimmo
(type or print name)

Signature: 

(TRANSAMD.VER1.13-04/30/04)

Appl. No. 10/644,490
 Amdt. dated 9/13/05
 Reply to Office Action of 6/13/05

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PATENT
 Docket: 030284

SEP 13 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of Amr Fahim	For: COMPACT, LOW-POWER LOW-JITTER DIGITAL PHASE-LOCKED LOOP
Serial No. 10/644,490	Examiner: Don Vo
Filed: 08/19/2003	Group No. 2631

AMENDMENT

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated 6/13/05, please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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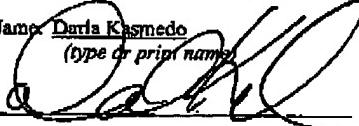
Date: 9/13/05

FACSIMILE

- transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Doria Kasmedo

(type or print name)

Signature: 

1

(AMENDMENT FORM, VER 1.0-04/30/04)